

## WATER WELL REPORT

STATE OF WASHINGTON

28/03-03E  
Application No.

Permit No.

(1) OWNER: Name L & T ASSOC. Box 760 Address Box 760 Frezdon 98249 W 784  
 (2) LOCATION OF WELL: County ISLAND Section 3 T28 N. R. 3 W.M.  
 Bearing and distance from section or subdivision corner 1000' S Corner Sec 3 125' W 1ST

(3) PROPOSED USE: Domestic ☐ Industrial ☐ Municipal ☒  
 Irrigation ☐ Test Well ☐ Other ☐

(4) TYPE OF WORK: Owner's number of well (if more than one) \_\_\_\_\_  
 New well ☒ Method: Dug ☐ Bored ☐  
 Deepened ☐ Cable ☐ Driven ☐  
 Reconditioned ☐ Rotary ☒ Jetted ☐

(5) DIMENSIONS: Diameter of well 6 inches.  
 Drilled 160 ft. Depth of completed well 86 ft.

(6) CONSTRUCTION DETAILS:  
 Casing installed: 6 " Diam. from 0 ft. to 70 ft.  
 Threaded ☐ " Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 Welded ☒ " Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Perforations: Yes ☐ No ☐

Type of perforator used \_\_\_\_\_  
 SIZE of perforations \_\_\_\_\_ in. by \_\_\_\_\_ in.  
 \_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 \_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 \_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Screens: Yes ☒ No ☐

Manufacturer's Name COOK  
 Type SS W.C.P. Model No. \_\_\_\_\_  
 Diam. 6 Slot size 8 from 26 ft. to 81 ft.  
 Diam. 11 Slot size 10 from 81 ft. to 86 ft.

Gravel packed: Yes ☐ No ☐ Size of gravel: \_\_\_\_\_  
 Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Surface seal: Yes ☒ No ☐ To what depth? 25 ft.  
 Material used in seal PUDDLING CLAY  
 Did any strata contain unusable water? Yes ☐ No ☒  
 Type of water? \_\_\_\_\_ Depth of strata \_\_\_\_\_  
 Method of sealing strata off \_\_\_\_\_

(7) PUMP: Manufacturer's Name \_\_\_\_\_  
 Type: \_\_\_\_\_ H.P.

(8) WATER LEVELS: Land-surface elevation above mean sea level 180 ft.  
 Static level 92 ft. below top of well Date \_\_\_\_\_  
 Artesian pressure \_\_\_\_\_ lbs. per square inch Date \_\_\_\_\_  
 Artesian water is controlled by \_\_\_\_\_ (Cap, valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level

Was a pump test made? Yes ☐ No ☐ If yes, by whom? \_\_\_\_\_  
 Yield: \_\_\_\_\_ gal./min. with \_\_\_\_\_ ft. drawdown after \_\_\_\_\_ hrs.  
 " " " " " "  
 " " " " " "

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time	Water Level	Time	Water Level	Time	Water Level

Date of test 10/21  
 Bailer test 10 gal./min. with max ft. drawdown after 2 1/2 hrs.  
 Artesian flow \_\_\_\_\_ g.p.m. Date \_\_\_\_\_  
 Temperature of water \_\_\_\_\_ Was a chemical analysis made? Yes ☐ No ☐

## (10) WELL LOG:

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

MATERIAL	FROM	TO
SAND HARD PACKED GR	0	7
HARD PAN GRAY	7	42
CLAY GRAY	42	44
HARD PAN GR.	44	75
SAND WW GR	75	87
CLAY & SAND GR	87	90
SAND HARD PACKED GR	90	160

RECEIVED  
 APR 29 1987  
 DEPARTMENT OF ECOLOGY  
 NORTHWEST REGION

Work started 10/18 19 87 Completed 10/21 19 87

## WELL DRILLER'S STATEMENT:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

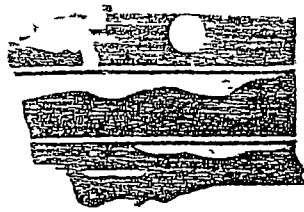
NAME B & W (Person, firm, or corporation) (Type or print)

Address HO 87 E DRUCK RD

[Signed] for the (Well Driller)

License No. 264 Date 10/21 19 87

(USE ADDITIONAL SHEETS IF NECESSARY)



WASHINGTON STATE  
DEPARTMENT OF  
ECOLOGY

# Well Tagging Form



Unique Well Tag No: AKY 757

## RECORD VERIFICATION (check one)

- ☒ Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you)
- ☐ Verification inconclusive
- ☐ Well Report not available

# 38451/501

## WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

First Name FERRY E. LEHMAN, T.E.L. Company #6  
Last Name Lehman

Street Address 18181 S.R. 525 Suite B

City Freeland State WA 98249

## LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address 7589 Bailey Road

City Clinton, WA County Island

T 28 N R 3 E WM Sec 3 SE 1/4 of the SW

## FOR AGENCY USE ONLY

Latitude \_\_\_\_\_

Longitude \_\_\_\_\_

Elevation at land surface \_\_\_\_\_ feet/meters (circle one)

Additional information if available:

- ☐ GPS
- ☐ Topographic Map
- ☐ Survey
- ☐ Computer generated
- ☐ Digital Altimeter
- ☐ Topographic Map
- ☐ Other \_\_\_\_\_

- ☐ Location marked on topographic map (please attach)
- ☐ Location marked on air photo (please attach)

The Department of Ecology does NOT Warranty the Data and/or the Information on this Well Report.

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WELL CHARACTERISTICS

Description of well (size or casing type or well housing, etc.)

6" Casing adjacent to ~~well~~ house  
on wooded parcel - clear 100' radius

or Well Identification Tag

Tag strapped to well casing

Supplemental tag needed for ease of identifying well?

☐

Yes

☒

No

Where was tag placed?

Scale 1:24,000 (1"=2,000')

Indicate the location of the well within the Section by drawing a dot at that point.

SECTION

3

C	B	A
F	G	H
L	K	J
P	Q	R

MENTS

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

ght #

Date Issued

one

Application

Permit

Certificate

Claim

Exempt